
MICHIGAN AUTISM COUNCIL (MIAC)

Meeting Minutes

Meeting Date: **January 11, 2013**

Time: **9:00 a.m.-11:00 a.m.**

Location: **Capitol Commons, Lower Level
Conference Rooms E-F, Lansing**

Facilitator: **Dr. Colleen Allen, Chair**

Distribution and Attendee List: ☒ Indicates that the volunteer was present

MMAA Meeting Attendees:

<input checked="" type="checkbox"/>	Dr. Colleen Allen, Chair	<input checked="" type="checkbox"/>	Mary Chaliman, DHS	<input checked="" type="checkbox"/>	Stacie Rulison, AAOM
<input checked="" type="checkbox"/>	Dr. Amy Matthews, Vice Chair	<input checked="" type="checkbox"/>	Wayne Fuqua, WMU	<input checked="" type="checkbox"/>	Bob Sheehan, CEI CMH
<input checked="" type="checkbox"/>	Kim Gaedeke, Secretary	<input checked="" type="checkbox"/>	Anthony Ianni, AAOM	<input checked="" type="checkbox"/>	Dr. Jane Turner, DCH/MSU
<input checked="" type="checkbox"/>	Michael Caine, ESA	<input checked="" type="checkbox"/>	Liz Knisely, DCH	<input checked="" type="checkbox"/>	Joanne Winkelman, MDE

Meeting Purpose:

The purpose of this meeting is to discuss matters pertaining to the Michigan Autism Council (MIAC).

Agenda:

Item	Topic	Facilitator
1	Roll Call/Introductions	C. Allen
2	Approval of Agenda	C. Allen
3	Approval of Minutes	C. Allen
4	New Business	C. Allen
5	Old Business	C. Allen
6	Committee Reports	C. Allen
7	Presentations/Reports	C. Allen
8	Communication from Public	C. Allen
9	Communication from MIAC Members	C. Allen
10	Adjournment	C. Allen

Minutes/Discussion Items:

1	Meeting <ul style="list-style-type: none">• Called to order 01/11/13 at 9:13 a.m. by Colleen Allen
2	Agenda <ul style="list-style-type: none">• Jane: Motion to approve agenda; Stacie: Support; Approved unanimously
3	Approval of Minutes <ul style="list-style-type: none">• Amendments to the November 2012 minutes to reflect the correct spelling of Michael Flanagan's name, and that he signed on December 26 (page 3); Motion to approve minutes as amended: Stacie; Michael Caine: Support; Approved unanimously
4	New Business <ul style="list-style-type: none">• Review and act on MI State ASD Plan: Amy: Motion to approve MI State ASD Plan; Jane: Support: Approved unanimously<ul style="list-style-type: none">- Mary Chaliman discussed the need to incorporate foster parents and children information into the plan. MIAC discussed this as an items for review under the Family Focus Area (subcommittee) and needed to be captured for review by this subcommittee.- Discussed changes to the plan and how that would be handled. Many changes will occur through subcommittee work.- Stacie to set up spreadsheet in Dropbox to capture changes and note potential subcommittee area of suggestion- Amy: review on progress of report of all change requests while adhering to full review for major changes every 3 years per documented plan recommendations. MIAC agreed this was a viable approach.- Liz: need to solicit feedback from public when seeking feedback, review, input.- Joanne: needs to be worded as "public input" versus "public comment" so it can be used for consideration versus actually signaling to the public the plan will be changed based on individual feedback.
5	Old Business <ul style="list-style-type: none">• Discuss Subcommittees and chair/co-chair roles (Amy)<ul style="list-style-type: none">- Reviewed recommendations for structure of subcommittees including chair and co-chair roles; chair would be designated from Council, then 6-7 members. Subcommittee leadership needed for workgroups under each subcommittee.- Amy will put flowchart together showing flow—can review at upcoming meeting.- Discussed starting with Adult Services and Early Intervention; MIAC unanimously agreed this was a good starting point.- Amy to send her document to the Council for review and discussion at next meeting on February 8, 2013, 9-11 a.m..- Colleen indicated that after that meeting on February meeting, an additional hour would be added to the end to talk specifically about subcommittees, chair designations, etc.• Website Update (Stacie)<ul style="list-style-type: none">- Meeting with Stacie Rulison, Lori Irish, Jenell Leonard (LG's office), and Jeff Ellsworth (technical support) regarding website reviewing website location options; recommended using existing site (www.michigan.gov/autism) as site for MIAC.- Reviewed TX Autism Council content layout, and how to incorporate that into the MIAC site. Reviewed outline of tabs and possible content. Designated Phase I and Phase II content areas.- Action coming out of meeting was for Stacie to flow out the site and further content areas. Once agreement was reached on high level structure, content could be added- Jeff projected March as time frame for website if we provide content in now- MIAC discussed new autism coordinator being the person to decide who enters and updates content in the site.• BCBA Licensure Update (Kim)<ul style="list-style-type: none">- There are various levels of licensure; qualifications of licensure have been resolved- Current fees are not supporting programs (across professions) and are being increased- Getting close to licensure requirements for BCBA's; working with Senator Warren on this matter.• Diagnostic work group recommendations (Colleen)<ul style="list-style-type: none">- Had distributed to MIAC, and to date had not received further input

	<ul style="list-style-type: none"> - Will be utilizing this document for standards around diagnosis and sharing with insurers
6	<p>Committee Reports</p> <ul style="list-style-type: none"> • Ad Hoc Committee: Subcommittee Form and Process <ul style="list-style-type: none"> - Stacie worked on subcommittee form and process and reviewed it with committee at Nov 2012 MIAC meeting; further changes were made and sent to Liz and Colleen, and further changes made - Discussed at Jan 2013 MIAC meeting assuring there is further information on the role being voluntary, and the MIAC making final decision as to who is added, and there will be multiple considerations (and a number are already listed), but adding geographic representation as another criteria. - Stacie to send to add this information and send to all MIAC members. - New autism coordinator can decide how this is distributed to more people both public and private.
7	<p>Presentations/Reports</p> <ul style="list-style-type: none"> • Medicaid Benefit Update (Liz) <ul style="list-style-type: none"> - Going out for public comment next week. - Continue work with provider networks PIHP, etc. - Meeting on January 30 regarding status of benefit - Have submitted plan to CMS; lawsuit required that if it went beyond 90 days, the plaintiffs were informed. - Date the benefit is scheduled to be effective is April 1, 2013 • DCH Positions to Support Benefit (Liz) <ul style="list-style-type: none"> - Interviews for autism coordinator completed and narrowed to three candidates; should have decision next week - Trainer position has been extended for applicants to January 15, 2013 • Presentations by Insurers regarding policies around the private insurance benefit <ul style="list-style-type: none"> - <u>BCBS/BCN Report</u> (Duane, Beth, Lori): <ul style="list-style-type: none"> • Hope is to take step forward and strike balance between quality and access • Committed to rolling out state mandate for members for short term and long term • Tiered dollar amounts but rolled it out at highest amount up to age 18. • Diagnosis - best done by team evaluation to prevent misdiagnosis; now have 5 AAEC's, recently added Oakwood and Children's, others are HFHS, U of M, Spectrum. • Do not see the numbers coming through Behavioral Health that are being reported. To date have 59 call, 14 requesting ABA, and 13 are being accommodated. This does not count calls coming into their Customer Service department (they did not have that data with them). • Will do utilization management for ABA BCBA contacted to try and get them in the network, foundation for all of this is based on private pay system and now introduce insurance into this market which is new and this resulted in confusion around pay. Confusion with contracting with BCBA. Issue of rates, health plans are given responsibility with access, cost, quality, etc. Raised rates for BCBAs. Continue negotiations. Setting rates is important and people will run out of their 50,000 cap. Belief if BCBA s made some adjustments it would not jeopardize care. 14 requests for ABA, 13 receiving ABA and 1 not because person is out of state. • Feel the reimbursement rates they are offering are fair and well researched, but are willing to discuss them further. There was confusion around the \$36/hour rate discussion. That is not applicable to BCBA's, it is specific to line therapists. Discussion around criteria for line therapists. • Participating providers is the most cost effective, members can register if they want. - Priority Health (Angela): <ul style="list-style-type: none"> • Member could call, person can go in for therapy does require prior authorization, might ask for clinical info and determine if diagnosis is recent enough for authorization. • Volumes small to date. • Require credentialing for provider network. If provider interested in treating autism have to apply provide resume, require state licensure which is a challenge. • If a BCBA is accredited at the organizational level to try and accommodate BCBAS

	<p>that do not have licensing and where we have an issue is for independent providers. Hope Network for example is on board. Spectrum, hope network, independent psychologists, have about 6.</p> <ul style="list-style-type: none"> - PHP (Dennis) <ul style="list-style-type: none"> • United healthcare organization is who they brought on for autism benefit. No request for ABA. Contract in MI and no payment issues. • 11 providers that are in discussion. • Protocols for diagnostic are designated by United. - HAP <ul style="list-style-type: none"> • New diagnosis would like multi discipline evaluation and go thru UofM, HFHS and children's Looking for current diagnosis within last three years for current autism patients to not have to retest. Do not have too many requests have one through PPO. • Have same issues. Have had to negotiate and current credentialed providers have been easier. • Have had situations where providers require up front payment by the family versus working with insurer. • Look at site visits for centers for credentialing. • Wait time varies depending on when and where, can be 12 to 18 months not result of mandate always been this way. - Aetna (Dusty) <ul style="list-style-type: none"> • Will provide update in the future; just starting role but support legislation and coverage.
8	<p>Communications from Public</p> <ul style="list-style-type: none"> • None
9	<p>Communications from Council Members</p> <ul style="list-style-type: none"> • None
10	<p>Adjournment</p> <ul style="list-style-type: none"> • Adjourned at 12:03 p.m.